

June 27, 2012 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			<p><u>Present:</u> Dr. Swee, Dr. Zanna, Dr. Gooen, Dr. Gochfeld, Dr. Lind (ex officio), Mr. Schafer, Dr. Barberio, Ms. Olson</p> <p><u>Absent:</u>, Ms. Rodriguez, Dr. Moore, Dr. Moynihan, Dr. Marcus</p>
Review of Minutes	Pages 3-8; Tab 1	Approved	<p>Minutes from April 18, 2011 meeting was reviewed and approved. The approved meeting summary will be posted on the DURB website at: http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html</p>
Secretary's Report	Pages 9-10; Tab 2		<ul style="list-style-type: none"> • SFY 2011 DURB Annual Report has been approved by both commissioners and is in the process of being published in the NJ Register. • The Board's recommendations from April 2012 meeting were sent to the Commissioners for approval. • The meeting summary for January 2012 meeting is now available on the DURB website. • Medicaid Pharmacy Department staff met with the HMO pharmacy directors on April 18, 2012. A third meeting is scheduled for today, June 27, at 1pm.
New Business			
A. Proposed Protocol for tadalafil (Cialis®)	Pages 11-12; Tab 3	Approved	<p>The Board reviewed and approved a protocol for the efficient and safe use of tadalafil (Cialis®) in the treatment of Benign Prostatic Hyperplasia (BPH). NJ DMAHS does not currently pay for the treatment of erectile dysfunction or ED.</p>
B. Proposed Protocol for testosterone	Pages 13-16; Tab 4	Approved	<p>The Board reviewed and approved a protocol for the efficient and safe use of testosterone in the treatment of primary and secondary hypogonadism. The Board suggested that a testosterone blood test should be added as a requirement prior to initiation of therapy.</p>

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Informational Highlights			
1. Molina Medicaid Solutions (Fee-for-Service) Prior Authorization Report	Pages 17-18; Tab 5		<ul style="list-style-type: none"> - A summary report of Clinical Interventions by the Molina Medical Exceptions Program (MEP) for April 2012 was presented to the Board. There were 1,078,972 total pharmacy claims processed; 25,534 (2.4%) prior authorization requests and 2,957 (11.6%) denials. The top five categories of denials were similar to February 2012 report: (1) Clinical Criteria Not Met; (2) Therapeutic Duplication; (3) Incorrect Day Supply; (4) MNF Not Returned by Prescriber and (5) Duration Exceeded.
2. Molina Medicaid Solutions Clinical Interventions Review (Therapeutic Duplication)	Pages 19 Tab 5		<p>The Board reviewed outcomes report on therapeutic duplication (TD) for the month of April 2012. Of the 427 TD prior authorization denials, 100 were randomly selected for review with the following results:</p> <p>Two or more prescribers -</p> <ul style="list-style-type: none"> - Patient continued previous medication (31) - Patient paid cash before/after denial [narcotics] (14) - Pharmacy/patient refilling wrong medication (7) - Prescriber unaware of duplication medication (15) <p>One prescriber -</p> <ul style="list-style-type: none"> - Continued with previous medication (24) - Patient paid cash before/after denial [narcotics] (2) - Pharmacy/patient refilling wrong medication (7) <p>Top drugs denied under this category were tramadol 50mg, Endocet 10-325mg, oxycodone/apap 5-325, alprazolam 1mg, oxycodone 30mg, alprazolam 2mg, naproxen 500mg, Combivent inhaler, alprazolam 0.025mg and ibuprofen 600mg.</p>

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3. Oxycodone Utilization Comparison	Pages 20 Tab 5		The Board reviewed utilization report for oxycodone between 2008 thru 2011 which showed a shift towards increased use of the short-acting formulations compared to the long-acting (20% in 2011). This change may be attributed to the April 2010 FDA approval of reformulation of the long-acting form of this product to discourage abuse. Dr. Swee requested that a more recent report (first 6 months of 2012) be presented to the Board at the next meeting.
4. NJ HMO 1 st Quarter 2012 Reports	Pages 21-24 Tab 6		First quarter 2012 HMO denial reports from Amerigroup, Healthfirst NJ Family Care, Horizon NJ Health, and United HealthCare Community Plan were reviewed. Denial percentages relative to prior authorizations were 34%, 4%, 39% and 30.1% respectively. The Board noted the improved reports (in comparison) but again requested consistency among the HMO providers in order to convey the same meaning, and demonstrate that they are meeting the NJ DURB standards.
5. DHS and DHSS Programs' Top Drugs Report	Pages 25-38; Tab 7		April 2012 report of the top drugs, by dollar amount, claims count and service units were presented. As has been the trend, atypical antipsychotics and HIV drugs were the top products used during this period. In the earlier part of the meeting. Dr. Swee had reminded the State to provide rebate data on the drugs utilized. Mr. Vaccaro assured him that this is a quarterly report and will be provided to the Board as soon as it is available.
6. FDA Alerts	Page 39-45; Tab 8		<p>The Board was informed of three FDA alerts:</p> <ul style="list-style-type: none"> - List of 16 drugs added the FDA's watch list - drugs to monitor. - Approval of Stendra ® (avanafil) for the treatment of erectile dysfunction. - FDA panel recommends approval of Truvada® (emtricitabine/tenofovir) as pre-exposure prophylaxis for HIV-negative partners.